Attorney Docket No.: 03042/000G956-US0

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PTO/SB/21 (09-04)
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## TRANSMITTAL FORM (to be used for all correspondence after initial filing) Application Number 09/556,945-Conf. #6556 Filing Date April 21, 2000 First Named Inventor James D. Marks Art Unit 3626 Examiner Name R. W. Morgan

Attorney Docket Number Total Number of Pages in This Submission 6 03042/000G956-US0 ENCLOSURES (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) Appeal Communication to Board of x | Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request Terminal Disclaimer Identify below): Certificate of Express Mailing **Express Abandonment Request** Request for Refund Pre-Appeal Brief Request for Review Transmittal (1 page) Information Disclosure Statement CD, Number of CD(s) Pre-Appeal Brief Request for Review (5 pages) Certified Copy of Priority Landscape Table on CD Return Receipt Postcard Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name DARBY & DARBY P.C. Signature Printed name Thomas J. Bean Date Reg. No. December 7, 2005 44,528

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Unique part   Description	DEC O 1. Toos The			•		Арр	roved for use throug	h 7/31/2006	SB/17 (12-04v2 OMB 0651-0032	
Pees pursuant to the Consolication Appropriations Act 2005 (H.R. 4818).   Pee TRANSMITTAL For FY 2005	Under the Barerwork Reduct	tion Act of 1995	, no person are require	ed to respon						
FEE TRANSMITTAL FOR FY 2005    X   Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 250.00   Attomey Docket No.   03042/000G956-USO    METHOD OF PAYMENT (check all that apply)   X   Check   Credit Card   Money Order   None   Other (please identify):   Deposit Account Namer, 04-0100   Deposit	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
FOR FY 2005    First Named Inventor   Summer S. M. Morgan					lication Num	nber	09/556,945-Cd	9/556,945-Conf. #6556		
FOR FY 2005    First Named Inventor   Summer S. M. Morgan					Filing Date A		April 21, 2000			
Application Type   Fee (5)   Fee (					First Named Inventor Ja		lames D. Marks			
METHOD OF PAYMENT (check all that apply)   X   Check					Examiner Name R.		R. W. Morgan	ł. W. Morgan		
METHOD OF PAYMENT (check all that apply)   X   Check   Credit Card   Money Order   None   Other (please identify):   Deposit Account   Deposit Account   None   Other (please identify):   Darby & Darby & Darby P.C.	X Applicant claims small entity status. See 37 CFR 1.27				Unit		3626	626		
X   Check   Credit Card   Money Order   None   Other (please identify):	TOTAL AMOUNT OF PAYMENT (\$) 250.00				mey Docket	No.	)3042/000G956-US0			
Deposit Account   Deposit Account Number 04-0100   Depost Account Name   Darby & Darby P.C.	METHOD OF PAYMENT (check all that apply)									
Deposit Account   Deposit Account Number 04-0100   Depost Account Namber 04-0100   Depost 04-010	X Check Credit Card Money Order None Other (please identify):									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Scall indicated below, except for the filling fee  Small Entity  Fee (\$) Fee (										
Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filling fee   X   Charge any additional fee(s) or underpayment of   X   Credit any overpayments										
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
Telego   Sunder 37 CFR 1.16 and 1.17										
Search   S	fee(s) under 37 CFR 1.16 and 1.17									
Pick	FEE CALCULATION									
Application Type	1. BASIC FILING, SEARCH	-								
Design   200   100   150   500   250   200   1						EXAMI				
Design   200   100   100   50   130   65	Application Type					Fee (\$)		Fees F	Paid (\$)	
Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Obscription Each claim over 20 (including Reissues) 50 25  Each independent claim over 3 (including Reissues) 200 100  Multiple dependent claims 769	Utility	300	150 5	500	250	200	100			
Reissue   300   150   500   250   600   300	Design	200	100 1	100	50	130	65			
Provisional   200   100   0   0   0   0   0   0   0   0	Plant	200	100 3	300	150	160	80			
Signature   Sign	Reissue	300	150 5	500	250	600	300			
Signature   Sign	Provisional	200	100	0	0	0	0			
Fee (\$)   Fee									Small Entity	
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Total Claims  Extra Claims  Total Sheets  Total Shee										
Multiple dependent claims  Total Claims 53 - 169								50	25	
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Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  11 -14 =	400				'aid (\$) Multiple Dependent C					
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	53 - 169	x _	=			<u>F</u>	ee (\$)	Fee Paid (\$	3)	
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof -100 = /50 (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2401 Notice of appeal 250.00  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 44,528 Telephone (212) 527-7712									0	
- 100 = /50 (round up to a whole number) x =   4. OTHER FEE(S) Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2401 Notice of appeal 250.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 44,528 Telephone (212) 527-7712										
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(Attorney/Agent) 44,320 Telephone (212) 327-7712	1 2 4	<u>/</u>		Regis	stration No.	44.500	F-14	(040) 50	7 7740	
Name (Print/Type) Thomas J. Bean December 7, 2005		24				44,528	<del></del>	<u> </u>		
	Name (Print/Type) Thomas J	. Bean					Date	Decembe	r 7, 2005	